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CONFIRMATION NO. 1721

<b>SERIAL NUMBER</b> 10/598,882	<b>FILING OR 371(c) DATE</b> 09/14/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> PU60792
<b>APPLICANTS</b> Jakob Busch-Petersen, King of Prussia, PA; Anthony W.J. Cooper, Hertfordshire, UNITED KINGDOM; Dramane I. Laine, King of Prussia, PA; Brent W. McClelland, King of Prussia, PA; Michael R. Palovich, King of Prussia, PA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/08027 03/17/2004 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/19/2007</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Fiona J. Powers</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 12
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 20462				
<b>TITLE</b> M3 muscarinic acetylcholine receptor antagonists				
<b>FILING FEE RECEIVED</b> 600	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	